

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90216 019 ****61.25

DOCUMENT # 723049

1. Entity Name

CHATEAU BELLEAIR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O SEABOARD ARBORS MGMT SVC. INC
 2189 CLEVELAND ST STE 225
 CLEARWATER FL 33765
 US

C/O SEABOARD ARBORS MGMT SVC. INC
 2189 CLEVELAND ST STE 225
 CLEARWATER FL 33765
 US

700000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1524115

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEIGHTON, LENNARD A.
C/O SEABOARD ARBORS MGMT SERVICES
2189 CLEVELAND ST STE 225
CLEARWATER FL 33765

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SANDERSON, CATHERINE	
STREET ADDRESS	2209 BELLEAIR RD D-12	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAVERDIERE, ROBERT	
STREET ADDRESS	2205 BELLEAIR RD A26	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MICHELOTTI, DIANE	
STREET ADDRESS	2207 BELLEAIR RD B-11	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LAJOIE, HELEN	
STREET ADDRESS	2209 BELLEAIR RD D-18	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JERRY	
STREET ADDRESS	2209 BELLEAIR RD C-5	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANKS, CONSTANCE	
STREET ADDRESS	2207 BELLEAIR RD B-12	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BACON, BILL	
STREET ADDRESS	2207 BELLEAIR RD B9	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINTERS, CARL	
STREET ADDRESS	2205 BELLEAIR RD A-5	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOUTHILLIER, RENE	
STREET ADDRESS	2207 BELLEAIR RD B17	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

Date

Daytime Phone #

CR2E037 (10/00)